

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alan T. Schachtele et al. : Art Unit: 2121
Serial No.: 10/829,585 : Examiner: Gami, Tejal
Filed: April 22, 2004 :
For: METHODS AND SYSTEMS FOR :
MONITORING AND DIAGNOSING :
MACHINERY :
:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
 1. Amendment Transmittal (3 pages)
 2. Amendment (14 pages)

STATUS

2. Applicant
 claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
(complete (a) or (b), as applicable)

(a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 450.00	\$ 225.00

third month	\$ 1,020.00	\$ 510.00
fourth month	\$1,590.00	\$ 795.00
fifth month	\$2,160.00	\$1,080.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY		
CLAIMS REMAINING AFTER AMDT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		ADDITIONAL RATE FEE		ADDITIONAL RATE FEE		
TOTAL INDEP.		MINUS		=		x \$25.00 =	\$		x \$50.00 =	\$
		MINUS		=		x \$100.00 =	\$		x \$200.00 =	\$
<u>— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</u>						+ \$180.00 =	\$		+ \$360.00 =	\$
						TOTAL ADDITIONAL FEE	\$	OR	TOTAL ADDITIONAL FEE	\$

- (a) No additional fee for Claims is required

OR

- (b) Total additional fee for claims required \$ _____

FEE PAYMENT

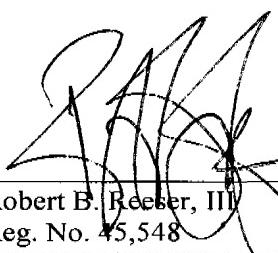
5. Attached is a check in the sum of \$_____
- Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. Other:



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